



DBHDD

Special points of interest:

- Language Line Info
- What's in a Month
- Personal Notes
- Blood Drive Honor Roll
- Work Therapy News
- Emergency Code Guide

"Striving for success without hard work is like trying to harvest where you haven't planted."

David Bly

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Georgia Department of Behavioral Health & Developmental Disabilities

ECRH Bulletin

VOLUME 10, ISSUE 2

JULY 31, 2013

East Central Regional Hospital

From the Desk of the RHA - Nan M. Lewis



Congratulations are in order ... the Skilled Unit of Camellia just completed their annual survey with minimal deficiencies noted. Great job to all staff members! And the timing couldn't have been better, occurring during the transition of Nurse Managers, giving ECRH the advantage of having Ms. Ramsey still here and allowing our new Nurse Manager, Lisa Folsom, to get the survey behind her

as she takes the reins. Excellent survey results were Ms. Ramsey's gift to us as she retires, and what a way to end it – thanks for all you've done in your many, many years of service! And welcome Lisa from our sister hospital in Thomasville, Georgia – we are glad you are here and know that you will do a great job.

As the saying goes, it isn't over till it's over ... and now it is ... the 45-day Plans of Correction have been accepted by the Joint Commission and we are fully accredited for another three years, with Certificates to prove it. The

Plans still require, in some cases, action and monitoring, and survey prep and performance are always a constant, but for now we will celebrate, recognize, and congratulate ALL who participated, especially our pilot, Lisa Montano, who chartered us through the survey. Again, great job to all.

Aggie makes the rounds ... the ECRH new mascot for reducing aggression has made the rounds to the units on the



(Continued on page 4)

Tidbits of ECRH History

"ECRH's Augusta Campus has a rich heritage in not only serving patients, but also in providing a wonderful site for the Medical/Psychiatric training of students. A glance back at the **Georgia Regional Hospital Annual Report for 1976** is interesting:

"During the Fiscal Year 1976, over 850 students utilized the Georgia Regional Hospital as a clinical facility for practicum experience. These students came from associate degree, baccalaureate, masters, and doctoral programs from the university of South Carolina, the University of Georgia, Augusta College, and the Medical College of Georgia. Areas of specialty include medicine, nursing, psychology, social work, laboratory, chaplaincy, and physician assistant programs."

Today, training in various disciplines is offered on both the Augusta and Gracewood Campuses.

Contributed by Brian Mulherin

New Employees



Front Row (L-R): Rosa Cook, HST 1; Gigs Foster, LPN; Rosemary Villeman, PHCW; Teresa Baldy, LPN

Back Row (L-R): Ricie Robinson, CNA 1; David Carlin, MH Shift Supervisor; Alicia Wimberly, CNA

Back Row (L-R): Tiffany Foreman, HST 1; Yanaysa Green, Staff Nurse



Front Row (L-R): Jo McClure, Staff Nurse

Back Row (L-R): Amanda Smith, Staff Nurse; Cary Reese, Staff Nurse



From Your Human Resource Partners

Did you know...

As a state of Georgia employee, there is a website available especially for you that offers news, stories, resources, and information with state employees in mind. It also provides access to several key services such as:

- **Employee Self Service** (PeopleSoft/TeamWorks) where employees may view their paychecks, check leave balances, change direct deposit information, and conduct other business (requires an employee ID and login).
- **Flexible Benefits** (GaBreeze) where employees may find information and enroll for various insurance and other programs, exclusive of health insurance (requires an employee ID and login).
- **Employee Discounts** for special offers on goods and services discounted just for employees.

To learn more, please visit <http://team.georgia.gov/>.



TEAM GEORGIA
For State of Georgia Employees

From Your Human Resource Partners

WORKERS' COMPENSATION - DO'S & DON'TS

(If it is a medical emergency and the employee needs immediate medical attention – send the employee straight to the emergency room. Any claim can be called in after emergency treatment is received.)

DO'S

IF AN EMPLOYEE IS INJURED AT WORK, PLEASE TAKE THE FOLLOWING STEPS:

1. **FILL OUT EMPLOYEE INJURY REPORT IMMEDIATELY.**
2. IF EMPLOYEE **DOES NOT** ELECT MEDICAL TREATMENT – SEND COMPLETED EMPLOYEE INJURY REPORT TO WC REP IN HR WITHIN 24 HRS AND NO FURTHER ACTION NEED BE TAKEN.
3. IF EMPLOYEE **DOES** ELECT MEDICAL TREATMENT, HAVE SUPERVISOR/DESIGNEE CALL DOAS **1-877-656-7475**. (THE ECRH UNIT # IS 2724)
4. IF EMPLOYEE **DOES** ELECT MEDICAL TREATMENT, EMPLOYEE MUST CALL AMERISYS **1-800-900-1582**.
5. SEND ORIGINAL EMPLOYEE INJURY REPORT WITH CLAIM # ON IT WITH EMPLOYEE TO CLINIC/HOSPITAL AND SEND COPY TO HR WITHIN 24 HRS OF INJURY.
6. SEND/GIVE ALL MEDICAL DOCUMENTATION TO HR (EMPLOYEE IS TO SEE WC REP AFTER EACH APPT.)
7. CALL WC REP. (MELANIE HARRIS) IN HR FOR QUESTIONS AT (706) 792-7012/7177.

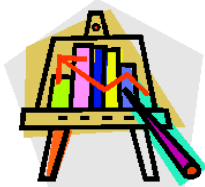
DON'TS

IF AN EMPLOYEE IS INJURED AT WORK, PLEASE DO NOT DO THE FOLLOWING:

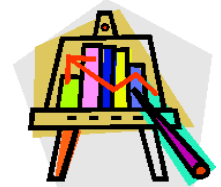
1. DON'T CALL DOAS IF EMPLOYEE IS **NOT** SEEKING MEDICAL ATTENTION.
2. DON'T CALL AMERISYS IF EMPLOYEE IS **NOT** SEEKING MEDICAL ATTENTION.
3. DON'T FORGET TO SEND **ALL** EMPLOYEE INJURY REPORTS TO WC REP IN HR WHETHER OR NOT EMPLOYEE SEEKS MEDICAL ATTENTION.
4. DON'T FORGET TO SEND/GIVE ALL MEDICAL DOCUMENTATION TO THE WC REP IN HR.
5. DON'T FORGET TO CALL THE WC REP (MELANIE HARRIS) IN HR FOR QUESTIONS AT (706) 792-7012/7177.



The Quality Corner - News & Information From Quality Management



Quality Management Department Update



For this month's QM Corner article, please see pages 20-22. This is a very informative article from the Joint Commission on the importance of having adequate documentation to support our meeting the standards for compliance.

From the Desk of the RHA - Nan M. Lewis

Augusta Campus. Aggie's intent is to recognize efforts to meet goals such as reducing incidents of aggression, restrictive procedures, stat medications, etc., reviewed in the weekly CRIPA meeting. But Aggie also helps to bring awareness to unit and direct care staff that these constant initiatives are monitored by Quality and will make ECRH a better environment for both staff and individuals. Once Aggie makes it to a unit, we find that both staff and individuals don't want her to leave so we look for Aggie's mission of being "aggressive about reducing aggression" to be successful!

And speaking of successful, DD Services' performance in weekly CRIPA meetings has been outstanding! ALL indicators have shown positive trends. The team is responsive, well-informed, and quick in reacting to identified issues. Great job Gracewood!

RHA Roundtables continue for our newest staff, employed anywhere from 3-6 months, for their feedback and perspective on what it is like to be a new employee at ECRH. They are given the opportunity to talk about the hiring and interview process, on-boarding and orientation, and their arrival to their assigned units. Their experience helps us to get better, provide an environment for staff success and employee satisfaction, and improve our retention rates.

Another farewell to one of our most valued RNs, as Rasheeda Roberts will be leaving us to work at GRHA in the next month. As Nurse Manager of the Forensic Unit, she led her team to make many changes that improved performance and outcomes. Never taking for granted how challenging a Nurse Manager's job is, we say THANK YOU for all you've done, and wish you the best in Atlanta. A familiar face is back on the Augusta Campus, as Wendy Butler takes the helm of Nursing Leadership on Forensic I after being at Gracewood for a time. Welcome back Wendy!

Update on recruitment for the Chief Nurse Executive of ECRH ... many qualified applicants have been interviewed and considered, and an announcement should be coming soon. Recognition to all those who have stepped up in the interim to keep Nursing moving full steam ahead ... including, Nursing Leadership as well as RNs, LPNs, Shift Supervisors, other support staff, and even other disciplines. Thanks to all!

Sincerely,
Nan M. Lewis

Blood Drive Honor Roll - Thanks!!!

MADELINE R BURRIS

TIMOTHY R ROYSTER

DEBRA T BARNES

WANDA J BOONE

LISA A HARRIOTT

WILLIE M HARRIS

SHARON K WELLMAN

PRAKASH MERAI

LOUIS M SCHARFF

JAMES E ALLEN

DAVID WASHINGTON

JOHN S BUGG JR

WILLIAM W MARTIN

THOMAS S LEE

FREDEREICKA J MURRAY

LYNNE R JONES

HEATHER MCCULLOUGH

PATRICIA R RYANS

FLORA H BIRT

SHANNON D CHILDS

KENNETH A WOOD

PEARL A IVEY

CAROL H CLARKE

EMMA S OBRYANT

LAUDINA L LARIVIERE

BRANDON K SMITH

JULIA RAE FRANTZICH

QUINTESSA D WILCOX

RONALD J HARRIS

BERNADINE E WRIGHT

LATASHA T MENDENHALL

CHARVIA M WHITE

ERIC W MARRIOTT

KATHERINE GRIFFIN



Pharmacy Update

Attention Nursing Staff

Please return the controlled substance **pink cards** to the Pharmacy as soon the medication is depleted. If the medication is no longer needed, please return the **pink card** and the medication.

All controlled medications **must be counted** by the Nursing Staff at the change of **every** shift.

Please do not order excessive quantities of controlled medications – order only what is needed. The Pharmacy has set “PAR LEVELS” for each living area based on the current active orders. **If your order exceeds the “PAR LEVEL” the Pharmacy will not be able to dispense the full amount of the order until after the completed pink cards are returned to the Pharmacy.**



Work Therapy News - Augusta Campus

The Work Therapy program currently employs 15 individuals from the Augusta Campus, in addition to providing daily training opportunities in a classroom setting. With your support, Work Therapy is continuing to expand training and job opportunities to individuals on the Augusta Campus to aid in their recovery process.

- Some individuals have learned to use a push mower for the first time through the Work Therapy training classes and others were able to refresh their skills in preparation for job placements.



BEFORE



AFTER

- Individuals in the Work Therapy training classes have been caring for a variety of fruit and vegetable plants and have begun to enjoy their harvest. Fried green tomatoes, bacon wrapped peppers, and stuffed peppers made with the peppers and tomatoes grown by the individuals.



- Diced tomatoes and peppers, grown by Augusta Campus individuals, with salad.

Mental Health First Aid



Mental Health First Aid Course

Please note the course time has been reduced from 12 to 8 hours.

Thursday, August 29th
Time: 12:30 pm-5:00 pm
And
Friday, August 30th
Time: 8:00 am-12:30 pm

Attendance on both days is required to complete the course and obtain a certificate.

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.

Mental Health First Aid is offered in the form of an interactive 2-day course that presents an overview of mental illness and substance abuse disorders in the U.S. It will introduce participants to risk factors and warning signs of mental health problems, build understanding of their impact, and provide overviews of common treatments.

Those who take the 8-hour course will learn a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. A certificate will be awarded to each individual who successfully completes the course.

Clinical staff, especially HSTs, who are interested in completing this course should contact their Nurse Manager to assure a place in one of these classes.

Contact Lorraine Jackson, CNS, Educator, via email at lwjackson@dhr.state.ga.us for more information.

Forms Update

Form #	Title of Form	Comment
ADM450	D.W. Oellerich Group Use Agreement (Rev. 6 -13)	
CLN028	Controlled Drug Inventory Log – Nursing Units (Rev. 7-13)	
CLN029	Controlled Drug Inventory Log – Pharmacy (Rev. 7-13)	
No Form #	Weekly Monthly Progress Note [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	
No Form #	Shift Daily Progress Note [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	
No Form #	Return from Medical Facility Nursing Progress Note [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	
No Form #	Change in Physical Status 1 [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	
No Form #	Change in Mental Behavior Status [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	
No Form #	Admission Nursing Progress Note [Drive J:\EVERYONE\!FORMS-ECRH\Nursing Templates]	

• **Please destroy all blank forms on hand when form is revised or becomes obsolete.**

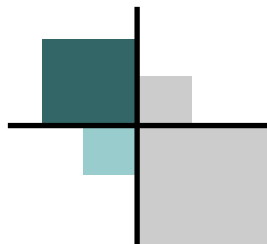
• **PLEASE destroy all blank forms with GSSH or old GRHA MH numbers on them!!!**

Training at a Glance - August

CLASS	DATE	TIME	PLACE
NEO PBS	7/31/2013 8/1/2013	8:00 a.m.-4:30 p.m. 8:00 a.m.-4:30 p.m.	BLDG 20 Gracewood
NEO Principles of Recovery	8/1/2013	9:30 a.m.-10:30 a.m.	BLDG 103-D E&R
Updated Seizure Management	8/1/2013	1:00 p.m.-2:30 p.m. 3:00 p.m.-4:30 p.m.	BLDG 103-C Room C-23
Updated Safety Care # 2	8/1/2013 8/2/2013	8:00 a.m.-4:30 p.m. 8:00 a.m.-12:00 p.m.	BLDG 99L
NEO Incident Management	8/2/2013	2:30 p.m.-4:30 p.m.	BLDG 103-D E&R
NEO Infection Control	8/2/2013	9:00 a.m.-10:30 a.m.	BLDG 103-D E&R
Updated PNS End User	8/2/2013	8:00 a.m.-9:00 a.m. 9:00 a.m.-10:00 a.m. 10:00 a.m.-11:00 a.m. 11:00 a.m.-12:00 p.m.	BLDG 103-C Room C-23
Updated PNS Professional	8/2/2013	9:00 a.m.-11:00 a.m.	BLDG 103-C Lab
Updated Safety Care # 1	8/5/2013	8:00 a.m.-4:30 p.m.	BLDG 99L
Updated Seizure Management	8/6/2013	8:00 a.m.-9:30 a.m. 10:00 a.m.-11:30 a.m.	BLDG 103-C Room C-23
Updated PNS Professional	8/6/2013	1:00 p.m.-3:00 p.m.	BLDG 103-C Lab
Infection Control	8/7/2013	2:30 p.m.-4:00 p.m.	BLDG 103-D E&R
Updated PNS End User	8/7/2013	8:00 a.m.-9:00 a.m. 9:00 a.m.-10:00 a.m. 10:00 a.m.-11:00 a.m. 11:00 a.m.-12:00 p.m.	BLDG 103-C Room C-23
NEO Medical Emergency Response System	8/8/2013	12:30 p.m.-4:30 p.m.	BLDG 103-D E&R
Updated Incident Management	8/8/2013	8:00 a.m.-9:30 a.m. 10:00 a.m.-11:30 a.m.	BLDG 103-C Room C-18
Seclusion and Restraint	8/8/2013	8:00 a.m.-11:00 a.m.	BLDG 103-C Room C-23
Updated Safety Care #2	8/8/2013 8/9/2013	12:30 p.m.-4:30 p.m. 8:00 a.m.-4:30 p.m.	BLDG 99L
NEO Observation of Individual to Ensure Safety	8/9/2013	10:30 a.m.-1:30 p.m.	BLDG 103-D E&R
NEO Seclusion and Restraint	8/9/2013	1:30 p.m.-4:30 p.m.	BLDG 103-D E&R
First Aid	8/9/2013	8:00 a.m.-12:00 p.m.	BLDG 103-C Room C-23
CPRA	8/9/2013	1:00 p.m.-4:30 p.m.	BLDG 103-C Room C-23
Updated PNS Professional	8/9/2013	1:00-3:00 p.m.	BLDG 103-C Lab

Training at a Glance - August

CLASS	DATE	TIME	PLACE
Updated PNS End User	8/9/2013	1:00 p.m.-2:00 p.m. 2:00 p.m.-3:00 p.m. 3:00 p.m.-4:00 p.m.	BLDG 103-C Room C-18
CPRC	8/12/2013	8:00 a.m.-12:00 p.m.	BLDG 103-C Lab
TIP	8/12/2013	8:00 a.m.-10:00 a.m.	BLDG 103-D E&R
Principles of Recovery	8/12/2013	8:00 a.m.-9:00 a.m. 9:00 a.m.-10:00 a.m. 10:00 a.m.-11:00 a.m. 11:00 a.m.-12:00 p.m.	BLDG 103-C Room C-23
Updated Incident Management	8/12/2013	1:00 p.m.-2:30 p.m. 3:00 p.m.-4:30 p.m.	BLDG 103-C Room C-23
Updated Safety Care #1	8/12/2013	8:00 a.m.-4:30 p.m.	BLDG 99B
Updated Safety Care #2	8/12/2013 8/13/2013	8:00 a.m.-4:30 p.m. 8:00 a.m.-12:00 p.m.	BLDG 99L
NEO PNS Professional	8/13/2013	8:00 a.m.-12:00 p.m.	BLDG 103-C Lab
NEO PNS End User	8/13/2013	12:30 p.m.-4:30 p.m.	BLDG 103-D E&R
Updated Safety Care #2	8/13/2013 8/14/2013	12:30 p.m.-4:30 p.m. 8:00 a.m.-4:30 p.m.	BLDG 99L
Safety Care #2	8/14/2013 8/15/2013 8/16/2013	8:00 a.m.-4:30 p.m. 8:00 a.m.-4:30 p.m. 8:00 a.m.-12:00 p.m.	BLDG 99B
EMR Nursing	8/15/2013	8:00 a.m.-2:30 p.m.	BLDG 103-C Room C-18
Infection Control	8/15/2013	2:30 p.m.-4:00 p.m.	BLDG 103-D E&R
CPRA	8/15/2013	8:00 a.m.-11:30 a.m.	BLDG 103-C Room C-23
First Aid	8/15/2013	12:30 p.m.-4:30 p.m.	BLDG 103-C Room C-23
Updated Safety Care #2	8/15/2013 8/16/2013	8:00 a.m.-4:30 p.m. 8:00 a.m.-12:00 p.m.	BLDG 99L
Updated PNS End User	8/15/2013	8:00 a.m.-9:00 a.m. 9:00 a.m.-10:00 a.m. 10:00 a.m.-11:00 a.m. 11:00 a.m.-12:00 p.m.	BLDG 103-D E&R
Updated PNS Professional	8/15/2013	1:00 p.m.-3:00 p.m.	BLDG 103-C Lab



Safety Shop

Aristotle said **"We are what we repeatedly do; excellence then, is not an act, but a habit."** Excellence in safety is what we all should be working toward at ECRH. Doing things safely once is good, but doing things safely each and every time develops a habit that allows you, and ultimately the hospital, to achieve excellence. Things that are stopping us from reaching excellence are numerous. But they can be fixed with conscious attention to detail. By doing things safely each and every time, you will eventually develop a habit. You will then do these simple things without even having to think about them.

Some of these things are:

1. Always wearing your seatbelt.
2. Always securing the seatbelts of the individuals in your care.
3. Picking up all PICA items that you are using.
4. Picking up PICA items that you see while walking around the hospital.
5. Taking the best care possible of hospital-owned equipment.
6. Following all policies and procedures.
7. Not speeding on ECRH property.
8. Fully stopping at all stop signs at ECRH.
9. Not propping doors.
10. Keeping means of egress free from obstruction.
11. Giving the individuals at ECRH the best care and as much undivided attention as possible.
12. Reporting unsafe things.

This is just a dozen items, but these are all very important and have been observed being violated daily. Make a commitment **today** to develop Safety Habits. It will make your life and the life of those in your care better and it will help ECRH reach Excellence in Safety.

If you need assistance with anything Fire Safety, Life Safety, Radio Communications, MSDS, HazMat, Medical Equipment, or Emergency Management please contact Mr. Mickie Collins, Chief Operations Officer, at 706-790-2448/2449. Or e-mail at mmcollins@dhr.state.ga.us.

Be proactive--*not reactive*--towards safety.

Augusta Campus Food Service

The individuals on the Augusta Campus grew tomatoes and banana peppers in their garden. Tiffany Snow and Elizabeth Schoultz were brainstorming and decided to make a garden salad so that the individuals could enjoy the fruits of their labors. The Augusta Campus Food Service Department saw how excited the Work Therapy staff was concerning the project and decided to lend a helping hand.

We researched some recipes and decided to make some appetizers to accompany their salad. The results were fried green tomatoes, fried banana peppers stuffed with mozzarella cheese, and stuffed, bacon-wrapped banana peppers. We are always willing and excited to help make the individuals quality of life more fulfilling. Remember our Vision - To be a center of excellence in the provision of comprehensive, responsive, and compassionate care for consumers and their families.



Occupational Health - Sunburn Prevention



Prevention: Avoid sun exposure between 10 a.m. and 4 p.m. Because the sun's rays are strongest during these hours, try to schedule outdoor activities for other times of the day. Seek shade whenever possible. If you're unable to avoid being in the sun, limit the amount of time you're outdoors during these peak hours.



Wear tightly woven clothing that covers your arms and legs, and a broad-brimmed hat, which provides more protection than does a baseball cap or golf visor. Also consider wearing clothing or outdoor gear specially designed to provide sun protection.

Use a broad-spectrum sunscreen with an SPF of 15 or greater. The American Academy of Dermatology currently recommends using a broad-spectrum sunscreen with an SPF of 30 or more. Apply sunscreen generously, and reapply every two hours — or more often if you're swimming or perspiring. Even the best sunscreen might be less effective than the SPF number on the bottle would lead you to believe if it isn't applied thoroughly or thickly enough, or if it's perspired away or washed off while swimming. Use it even on cloudy or hazy days. UV rays can penetrate cloud cover.

Look for a manufacturer's label that says the sunglasses block 99 or 100 percent of all UV light. To be even more effective, choose sunglasses that fit close to your face or have wraparound frames that block sunlight from all angles.

Signs and symptoms of sunburn include: pinkness or redness, skin that feels warm or hot to the touch, pain or tenderness, swelling, small fluid-filled blisters, which may break, headache, fever and fatigue if sunburn covers large area. Any part of your body, including your earlobes, scalp and lips, can burn. Your eyes, which are extremely sensitive to the sun's ultraviolet light, also can burn. Sunburned eyes may feel painful or gritty. Signs and symptoms of sunburn usually appear within a few hours after sun exposure. But it may take a day or longer to know the full extent and severity of sunburn. Within a few days, your body starts to heal itself by "peeling" the top layer of damaged skin. After peeling, your skin may temporarily have an irregular color and pattern. Depending on the severity, it may take several days or longer for the sunburn to heal.

When to see a doctor: If blistering and covers a large portion of your body; if accompanied by a high fever, extreme pain, headache, confusion, nausea or chills; doesn't respond to at-home care within a few days, also, seek medical care if you notice signs or symptoms of an infection (increasing pain and tenderness, increasing swelling, yellow drainage from an open blister, or red streaks leading away from the open blister which may extend in a line upward along your arm or leg).

Risk factors: People with fair skin are more likely to sunburn than are people with dark skin. That's because people with darker skin have more melanin, which offers some protection from sunburn but not from UV-induced skin damage. Skin color is determined by the number, distribution and type of pigment-producing cells (melanocytes) in the skin. Dermatologists refer to the degrees of pigmentation in skin as skin types. Skin types range from very little pigment (type I) to very darkly pigmented (type VI). How easily you burn depends on your skin type and how light or dark your skin is.

Regardless of your skin type, the sun's energy penetrates deeply into the skin and damages DNA of skin cells. This damage may ultimately lead to skin cancer, including melanoma. Even people with type V or VI skin can develop skin cancer, often on the palms, fingers or other more lightly pigmented areas of their bodies. In addition to skin type, living in a sunny or high-altitude climate increases your risk of sunburn. People who live in sunny, warm climates are exposed to more sunlight than are people who live in colder climates. In addition, living at higher elevations, where the sunlight is strongest, exposes you to more radiation and increases your chances of sunburn and skin damage.

Complication: Intense sun exposure that results in sunburn increases your risk of certain complications and related skin diseases. These include infection, premature aging of your skin and skin cancer. The sun can also burn your eyes. UV light damages the retina, a thin layer of tissue that lines the back inner wall of your eye. Burning your eyes can also damage the lens.

(Continued from page 10)

Treatments and drugs: Sunburn treatment doesn't heal your skin or prevent damage to your skin, but it can reduce pain, swelling and discomfort. If at-home care doesn't help or your sunburn is very severe, your doctor can prescribe medication. Both topical and oral NSAIDs relieve pain, swelling and inflammation and are especially beneficial when given during the first 24 hours of sun exposure. Topical corticosteroids may help relieve itching that occurs as your skin heals. Combining topical corticosteroids with either topical or oral NSAIDs may be more effective than using either one alone.

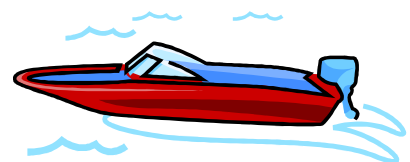
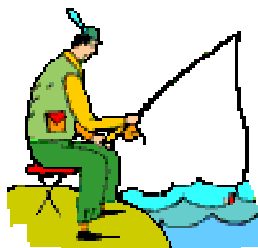


Information taken from: mayoclinic.com

**D. W. Oellerich Memorial Park at Lake Thurmond
ECRH Pavillion, North Campus
FEE AND DEPOSIT SCHEDULE FOR OUTSIDE GROUP USERS AND
EMPLOYEES (LESS THAN A GROUP OF 10)**

In an effort to recover some of the cost to provide and maintain the Park and the Pavilion, North Campus, the following deposit and fee schedule is effective July 1, 2012, for use of the D. W. Oellerich Park at Lake Thurmond and ECRH Pavilion on North Campus by outside non-profit groups, employees, employee groups and governmental agencies.

Refundable Deposit	Amount
Cleaning Deposit (Refundable if area requires no cleaning)	\$25.00
Daily Fee Schedule- Non Refundable CASH ONLY!	
D. W. Oellerich Memorial Park	\$25.00
ECRH, Pavillion, North Campus	\$25.00
Employees Daily Visit to Park No Deposit Required	\$3.00 per car



August Birthdays

August 1	Otis L. Clemmons Antonio R. Jimperson Robbie Mae Moore Normand Alfred Tremblay
August 2	Monique E. Bailey April Niema Louise Brown Catherine Louise Bruce Amanda Stroud Hayes Terri Elizabeth Lawless Cynthia A. Maiden Terri Amanda May William B. Waller
August 3	Bruce H. Foster Delton L. Perry
August 4	Demerital McNeil Elizabeth M. Seats Jacqueline Marie Warren
August 5	Cecilia D. Davis Ashley M. Nelms Eric W. Marriott
August 6	Holley Louise Hill Sharne M. Johnson Anita Kainth Brenda D. Thomas Tierrea Shermaine Watts
August 7	Lynn L. Burke-Reyes Veronica N. Jordan Anthony C. Reddick Jeanne M. Sharpe Kenyel Megan Smith-Harris Tywanda O. Williams
August 8	Bobbie L. Clifford Doris L. Geter-Edwards Tiffany N. Jones Jeffery B. Lacy Charles E. Turner James B. Wright
August 9	Barbara Ann Autry Emily B. Fordham

August 9	Shimecka C. McGee Elizabeth E. Sneed
August 10	Kester Vernon Burns Jackie R. Huff Jivan E. Massey Latisha C. Mays Mary McIntosh Purse Enthia Lurina Robinson
August 11	Graham I. Pereira Laquilla J. Streetman
August 12	Jacqueline M. Donegan Leveret T. Graham Rosa L. Lee
August 13	Charlie C. Desamito Albert Duncan Ronald W. Golden Donald Eugene Hayes William W. Martin Melissa L. Nunnally Kimberly Dawn Willingham
August 14	Melanie D. Gist Rafael Gutierrez Anthony Rodrequez Walker
August 15	Gwendolyn Virginia Kitchens
August 16	Esta L.A. Cox Rogers Herman Williams, Jr.
August 17	Angela B. Burns Jacqueline Y. Givens Juwana Hightower Cecil C. Hunter Hodiah C. Plowright Tony A. Simmons Martha D. Williams
August 18	Patricia A. Bussey Charles A. Seider
August 19	Tamiko Anderson Beverly Sharntell Beasley Joseph P. Beck Harold J. Mann

More August Birthdays

August 19	Brandi A. Ramsey Michael L. Wiley
August 20	Curtis L. Dove Tonniett V. Evans Rocquel Y. Rice Melvin Williams
August 21	Christine C. Hall Henry M. Leal Geraldine Snipes Janeshia S. Wesbey Michael G. West Tomekia Michelle White
August 22	Michelle Bell Wendy L. Butler Latoya N. Cooper Jessica L. Graham Marquita D. Mims Julie P. Steinbeck Tamekia Carolyn Wiggins
August 23	Harold C. Green Betty Jean Merriweather Rosemary D. Miles
August 24	Jerry Glasper Ananda Prija Pathirja Erik Rashad Patterson Warren Tramayne Williams
August 25	Jacqueline Elise Garrett Sridhar Gowda Christopher D. Hawes Gloria Jones
August 26	Dorothy M. Henley Melissa A. Ingersoll Tiffany M. Lockhart
August 27	Anita Suzette Dubose Rshada Atwan Torrez Parks
August 28	Randy L. Chenault Latrice S. Golphin Ronald L. Hubbard Annette Jenkins

August 28	T.J. Miles Kelly Christopher Morfaw Crystal R. Polite Cathy Jane Pratt Wendell L. Stallings, Jr.
August 29	Antonia M. Branch Phyllis Ann Okafor Jasmine M. Williams
August 30	Lisa K. Kuglar Regina L. Rhodes Whitney Wells Street Dehia M. Cochran
August 31	Catina Heggs Sabrina V. Sherrod Brandon S. Thomas Medalyn Catrice Brown

Oops, We Missed One

June 1	Laurie Davis
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Language Line Services

ECRH's Language Access Coordinator is Lisa Kuglar. The LAC ensures that both language and sensory impairment needs of the consumers and families of East Central Regional Hospital are addressed. Did you know that Spanish is the second most spoken language in the United States? East Central Regional Hospital has two certified staff that speak Spanish. The hospital contracts with Latin American Translators Network, Inc. (LATN) for interpreting services for both language and sensory impairment needs.

If you have a consumer or family that needs interpreting services please notify the Language Access Coordinator, Lisa Kuglar, at 706-792-7171 for assistance. After hours, contact the Admitting/Receiving staff at 706-792-7006 so that arrangements can be made for interpreting. You can also e-mail Lisa Kuglar at lkuglar@dhr.state.ga.us.

The Notice of Free Interpretation Services should be posted in all public and consumer areas. Language Line services may be used in emergency cases or when you have an immediate need for interpreting. To access the language line, follow the instructions below:

When receiving a call:

1. Tell the Limited English speaker to please hold.
2. Press the "Tap" button on the phone.
3. Dial 9-1- (866) 874-3972.
4. Enter on the telephone keypad or provide to the representative the 6 digit Client ID below:
 - * 6-digit Client ID: **5 1 3 3 0 8**
 - * Press 1 for Spanish
 - * Press 2 for all other Languages (Speak the name of the language at the prompt) an interpreter will be connected to the call.

You may press 0 or stay on the line for assistance.

5. Brief the Interpreter. Summarize what you wish to accomplish and give any special instructions.
6. Press "Tap" button to connect the Limited English speaker.

When placing a call to a Limited English speaker, begin at Step 2 above.

When a Limited English speaking person is present in the workplace:

1. Use the Gold Language Identification Card showing the geographical region where you believe the limited speaker may come from. The message underneath each language says: "Point to your language. An Interpreter will be called. The interpreter is provided at no cost to you."
2. Refer to the Quick Reference Guide to access an interpreter through Language Line Services.
3. If unable to identify the language, the representative will help you.

For more information you may visit the Language Line Services website at www.language.com.

Personal Notes

"On behalf of the entire Brown Family, I would like to thank you all for your prayers, phone calls, condolences, and support during the loss of my beloved husband. I will be forever grateful."

Patricia Brown, Plant Operations Dept.

Angelia Meadows, Step-daughter, C-Wing

"A Special acknowledgement of "Thanks" to ECRH friends and my special family in Medical Records/CIS department. Words can not express my gratitude to all the people that have crossed my path during my time there. I consider it a blessing to RETIRE with Love & Joy in my heart and memories that can not be replaced." Remember to keep the FAITH & UNITY.

P.S. I'm having a BLAST :)

Phyllis H. Jones, CIS (Retired)

Gracewood Post Office**New Window Hours****M-F 9:00 am-12:00 noon****1:30 pm-4:30 pm****Sat 9:00 am-10:45 am**

Visit the Gracewood Post Office today and ask Frank Deas about renting a Post Office Box!





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www.richmondcommunityfcu.org



Back to School Loan:

\$1,000 for 10 Months

At 10% APR*

**August 1, 2013 -
September 30, 2013**



Fresh Start Auto Loans:

Bad Credit? No Credit?
Richmond Community
Federal Credit Union can
help you get into a new car.

See a loan officer
for more details.



Are you stuck between a
rock and a hard place
with your current auto loan?

Leap on over to Richmond Community
Federal Credit Union and **Lower** current
interest rate at least 2% APR*!

It could possibly save you hundreds of
dollars over the life of your loan!!

**Leap-N-Lower has been extended
to September 30, 2013!!!!**



Tired of the outrageous interest
rates on department store
credit cards?

Richmond Community Federal
Credit Union is offering

**5.9% APR* on ALL Visa
balance transfers for the first
12 months!!**

*APR=Annual Percentage Rate. **Interest rate will drop at least 2% APR to as low as 1.9% APR. Loans currently held with Richmond Community are not eligible for refinancing. Some credit and policy restrictions may apply.

What's in a Month?

August is...

Romance Awareness Month
National Golf Month
Back to School Month
Admit You're Happy Month
Family Fun Month

National Catfish Month
National Eye Exam Month
Peach Month
Water Quality Month
National Picnic Month

And...

August 1

National Raspberry Cream Pie Day

August 2

National Ice Cream Sandwich Day

August 3

National Mustard Day

National Watermelon Day

August 4

US Coast Guard Day

International Forgiveness Day

Friendship Day

Sisters Day

August 5

Work Like a Dog Day

August 6

Wiggle Your Toes Day

August 7

National Lighthouse Day

August 8

Sneak Some Zucchini onto Your Neighbor's Porch Day

August

Book Lover's Day

August 10

Lazy Day

National S'mores Day

August 11

Presidential Joke Day

Son and Daughter Day

August 12

Middle Child's Day

August 13

Left Handers' Day

August 14

V.J. Day

National Creamsicle Day

August 15

Relaxation Day

Assumption Day

August 16

National Tell a Joke Day

August 17

National Thriftshop Day

August 18

Bad Poetry Day

August 19

National Aviation Day

August 20

National Radio Day

August 21

Senior Citizen's Day

Hawaii Day

August 22

Be an Angel Day

National Tooth Fairy Day

August 23

Ride the Wind Day

August 24

Sam Spade Day

Vesuvius Day

August 25

Kiss and Make Up Day

August 26

National Dog Day

Women's Equality Day

August 27

Just Because Day

Global Forgiveness Day

August 28

Race Your Mouse Day

August 29

More Herbs, Less Salt Day

August 30

Frankenstein Day

Toasted Marshmallow Day

August 31

National Trail Mix Day

East Central Regional



DBHDD

Nan M. Lewis
Regional Hospital
Administrator

Dr. Vicky Spratlin
Clinical Director

Mickie Collins
Chief Operating Officer

Augusta Campus
3405 Mike Padgett Highway
Augusta, Georgia 30906

Gracewood Campus
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Gracewood, Georgia 30812

Teresa Crouch
Publisher

Harold "Skip" Earnest
Editor/Photographer

NOTICE

Items for publication must be submitted in written form. The upcoming issue's deadline is August 8, 2013. All articles and notices submitted for publication in the East Central Regional Hospital Bulletin are subject to editorial discretion. Please contact the Bulletin editor if you have questions regarding editorial decisions.



Our Mission

The mission of East Central Regional Hospital is to provide safe, competent and compassionate services to persons with mental illness and/or developmental disabilities.

Our Vision

The vision of our Facility is to be a center of excellence in the provision of comprehensive, responsive and compassionate care for consumers and their families.

Our Values

East Central Regional Hospital is caring and therefore, responsive to our consumers, their families, stakeholders and our employees through commitment to our core values:

Integrity

Communication & Collaboration

Accountability

Recognition through Relationships

Empowerment through Excellence



Accredited

by

The Joint Commission

Campus Marques

Deadline for submission of

SEPTEMBER MESSAGES

August 23, 2013

Submit information to Teresa Crouch

Gracewood Campus

Extension 2030

**(Information must be submitted on or before the indicated date
to be placed on Marques for the following month.)**

ECRH Jobs List

This is a list of job openings currently available at East Central Regional Hospital. For further information regarding these positions, please go to the DBHDD webpage at www.dbhddjobs.com.

Associate Nurse Executive - Augusta Campus

Behavioral Health -Social Worker (MSW) MH Treatment Mall

Certified Nursing Assistant 1 (multiple shifts available)

Chief Nurse Executive

Dietitian

Fire Safety Officer

Health Care Worker

Health Service Technician 1 - Augusta Campus

Health Service Technician 1 - Gracewood Campus

Health Services Technician 2 - Augusta Campus

Health Services Technician 2 - Gracewood Campus

Houseparent - Community Integration Home - Second Shift

Institutional Safety Manager

IT Application Support Analyst

Licensed Practical Nurse (LPN) - 1st Shift- Augusta Campus

Licensed Practical Nurse (LPN) - 1st Shift- Gracewood Campus

Licensed Practical Nurse (LPN) - 2nd Shift- Augusta Campus

Licensed Practical Nurse (LPN) - 2nd Shift- Gracewood Campus

Licensed Practical Nurse (LPN) - 3rd Shift- Augusta Campus

Licensed Practical Nurse (LPN) - 3rd Shift- Gracewood Campus

Maintenance Director

Nurse Manager - Camellia ICF

Occupational Therapist

Property Control / Warehouse Supervisor

Registered Nurse (RN) - Augusta Campus

Registered Nurse (RN) - Charge Nurse - Augusta Campus

Registered Nurse (RN) - Charge Nurse - Gracewood Campus

Registered Nurse (RN) - Forensic Mall

Registered Nurse (RN) -Gracewood Campus

DBHDD HOSPITAL EMERGENCY CODES

QUICK REFERENCE GUIDE

Name of Code	General Description <i>(Refer to your hospital policies for specific duties and responses)</i>
CODE BLUE	MEDICAL EMERGENCY Initiated when the emergency cart/equipment, emergency medications, and specialized personnel are needed in an area to assist an individual during a medical emergency (e.g., unexpected loss of consciousness; obvious severe bleeding from any site; absence of pulse, respirations, or blood pressure; unusual, repetitive, or prolonged seizure activity; choking not relieved by the Heimlich maneuver; respiratory distress; and anaphylactic reaction.
CODE RED	FIRE Initiated when a real or suspected fire is observed.
CODE YELLOW	PSYCHIATRIC EMERGENCY Initiated when employees need immediate assistance from additional staff in order to ensure the physical safety of the individual and others.
CODE BLACK	BOMB THREAT/SEARCH Initiated when there is a bomb (explosive or incendiary device) or discovery of a suspicious package and/or a complete search of the facility must be made to locate the device/package.
CODE ORANGE	HAZARDOUS MATERIAL SPILL/RELEASE Initiated when a hazardous spill/release is likely to cause injury, illness, and/or harm the environment.
CODE BROWN	CAMPUS-WIDE LOCK-DOWN /LIMITED ACCESS Initiated when building entrances and facility access must be secured to prevent harm to the people inside a building.
CODE PINK	INFANT/CHILD ABDUCTION Initiated when an infant/child is missing or known to have been kidnapped.
CODE GREEN	ELOPEMENT Initiated when an individual is unexpectedly absent from hospital grounds, residential home or other location where he/she is expected to be.
CODE GREY Life threatening weather emergency alert announcements include the following: <ul style="list-style-type: none"> Type of event and national severe weather event category (i.e. "tornado watch or hurricane warning") Geographic area Anticipated severity Probability of Occurrence Safety instructions 	SEVERE WEATHER ALERT Initiated when conditions of severe weather are observed. National severe weather event categories are: <ul style="list-style-type: none"> Warning – is an event that alone poses a significant threat to public safety and/or property, probability of occurrence and location is high, and the onset time is relatively short. Watch – meets the classification of a warning, but either the onset time, probability of occurrence, or location is uncertain. Emergency – is an event that, by itself, would not kill or injure or do property damage, but indirectly may cause other things to happen that result in a hazard. For example: major power outage or telephone loss. Statement – is a message containing follow up information to a warning, watch, or emergency.

Clarifications^{and} Expectations

WITH THE JOINT COMMISSION'S DIRECTOR OF ENGINEERING, GEORGE MILLS

Comprehensive Documentation Demonstrates a Safe Environment

EC, EM, and LS records critical to monitoring and improving performance

The Joint Commission has identified the need to increase the field's awareness and understanding of the Life Safety Code®. To address this need, Environment of Care® News publishes the column Clarifications and Expectations, authored by George Mills, MBA, FASHE, CEM, CHFM, CHSP, director, Department of Engineering, The Joint Commission. This column clarifies standards expectations and provides strategies for challenging compliance issues, primarily in life safety and the environment of care. You may wish to share the ideas and strategies in this column with your organization's leadership.*

Many of the Joint Commission's elements of performance (EPs) require documentation, as indicated by a © at the beginning of an EP. An organization can determine how it documents; regardless of the method used, the information must be readily available during any survey or other inspection activity.

Although many organizations invest significant resources and create detailed policies to accomplish effective documentation in the clinical arena, it is also critical to document how the environment of care and the organizations' facilities are

maintained. Documentation both provides evidence to a surveyor that an organization completes inspection, testing, and maintenance efforts and helps leadership review the status of specific work (including the monitoring of the environment of care discussed in the "Environment of Care" [EC] chapter, Standard EC.04.01.01). Through documentation, organizations can highlight self-identified deficiencies and their associated corrective action plans. This demonstrates a proactive process to identify risk and protect patients, staff, and visitors.

Documentation can take many forms. On the most basic level, it can simply involve completing a work assignment, noting the results of the work in some established fashion, and having that information available when requested. While this may seem straightforward, it is not always done. For example, 40% of all Joint Commission hospital surveys completed in 2011 and in the first half of 2012 had findings at Standard EC.02.03.05 specifically related to lack of documentation.

This column does not represent an exhaustive list of all that The Joint Commission requires organizations to document, but it does present several documentation requirements in the EC, "Life Safety" (LS), and "Emergency Management" (EM) chapters.

Documentation can take many forms.

Management plans

Standard EC.01.01.01 requires organizations to write six management plans, summarizing how the standard's EPs are being met for each of the functional areas of the environment of care (safety, security, hazardous materials and waste, fire safety, medical equipment, and utilities systems). These management plans may be six individual documents or one consolidated document, as long as all the EPs are addressed. A management plan should be available for each hospital, clinic, or residential treatment center that is accredited by The Joint Commission. An organization may create a master management plan for the hospital and then modify the plan for the remaining off-site locations.

The relatively high-level plan does not need to include every detail about managing the environment of care; the plan can refer to additional information found elsewhere. For example, an organization might not monitor for *Legionella* in its cooling towers, but the infection control department may monitor for evidence of

* Life Safety Code® is a registered trademark of the National Fire Protection Association, Quincy, MA.

hospital-associated infection related to *Legionella*. Utilities management plan language could state “Although the utilities system does not monitor for evidence of *Legionella* in the cooling towers, our organization does chemically treat its towers (and other source areas) and has the capability to correct any identified contaminations by using chlorine gas injection.” The specifics of how the organization resolves identified contaminations can be housed in a separate utilities contingency plan, including how infection control staff notify facilities staff of the suspected occurrence.

Fire response plan and testing

Standard EC.02.03.01, EP 9, requires a written fire response plan that clearly describes the roles of staff and licensed independent practitioners at and away from a fire’s point of origin. The plan must also address how to sound alarms, respond to a fire, contain a fire, and evacuate if needed. Fire drills and critiques must also be documented, as must an evaluation. A *critique* is an active assessment of staff, equipment, and building features during a real or simulated fire situation. An *evaluation* is a review of cri-

40% of all Joint Commission hospital surveys completed in 2011 and the first half of 2012 had findings at Standard EC.02.03.05 specifically related to lack of documentation.

Consequences of Failure to Document: A Tale of Too Many Gaps

Failure to document EC, LS, and EM activities can have serious consequences at survey time. Consider this hypothetical scenario:

During survey, a surveyor requests documentation to verify that an organization successfully completed the 20 required tests at EC.02.03.05. The organization indicates that it does not have the test results available but could get them. On further discussion, it is discovered that the tests were contracted to an outside contractor, but the organization has not yet received the test results. Many of these tests were completed between four and six months prior to survey, and yet the organization does not know the condition of the fire alarm system, fire notification system, or fire suppression systems. The surveyor scores each EP for EC.02.03.05 for which the organization does not have documentation that demonstrates test or exercise completion. The importance of these systems in protecting patients, staff, and visitors is such that not knowing the test results causes The Joint Commission to question the level of safety provided by the organization. “Leadership” (LD) chapter, Standard LD.04.01.05, EP 4, states that “staff are held accountable for their responsibilities,” and this EP is scored in addition to the EC findings because the fire safety testing is not adequately documented.

tiques to evaluate the effectiveness of the fire safety program.

The maintenance, inspection, and testing of fire safety features must be documented, per EC.02.03.05. The lack of such documentation is what generated the previously mentioned finding for 40% of all hospitals. To demonstrate that all fire safety devices have been tested, organizations must list the devices on an inventory (whether electronic or paper). Simply counting the number of devices is not sufficient. For example, if 912 devices were tested last year, and 911 were tested this year, which one was missed? Without an inventory, the two years cannot be reconciled, and the missing device cannot be identified.

Consider the sample scenario above, which underscores the importance of keeping maintenance, inspection, and testing documentation readily available.

A simple solution to managing documentation and associated actions related to the features of fire protection for work performed by outside contractors involves including in the request

for bids a requirement that, at the end of each day, the contractor must provide a list of all discovered failed devices. The organization can then use the list to correct the deficiencies. Once the inspection concludes, the organization will have records that all devices were tested and any that failed were corrected as soon as possible.

The documentation requirements for EC.02.03.05 are based on NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition (Section 2-1.3), and NFPA 72, *National Fire Alarm Code*, 1999 edition (Section 7-5.2). EP 25 of that standard requires that the documentation include the items shown in the box on page 8, “Documentation Requirements for EC.02.03.05.”

Medical and utilities system inventories

Medical equipment and utilities systems both require documented inventories of equipment; associated activities for main-

(continued on page 8)

taining, inspecting, and testing equipment; and established frequencies. The results of maintenance, inspection, and testing must also be documented. Clinical interventions for loss of utilities systems or medical equipment must be developed and available to designated staff. Labeling, shutdown procedures, and distribution mapping of utilities systems must also be available during emergency events.

Emergency power testing

There are specific documentation requirements for maintaining, inspecting, and testing emergency power and medical gas systems. The standards require testing the emergency generator and automatic transfer switches (ATS) 12 times per year, at intervals of not less than 20 days and not more than 40 days. Emergency lighting must be tested monthly and annually. Medical gas system testing must be established by the organization. (The Joint Commission recommends using the annex material in NFPA 99-1999 when setting medical gas system testing.) Documentation must be available for all these required tests.

Monitoring the environment of care

Standards EC.04.01.01 through EC.04.01.05 require organizations to monitor the environment of care and have processes for reporting and investigating problems and incidents. Resources for monitoring include environmental tours and assessment of each management plan. Any identified issues must be documented. Analysis of the data collected by clinical, administrative, and support services staff reveals opportunities to improve the environment of care.

Documentation Requirements for EC.02.03.05

Standard EC.02.03.05 requires documentation for 20 specific tests. This documentation must include the following:

- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Life safety documentation

The LS chapter of the *Comprehensive Accreditation Manual for Hospitals* has many documentation requirements, from managing the electronic Statement of Conditions with the Plan for Improvement

**“Not documented,
not done.” Without
the evidence that
documentation
provides, there is
no way to verify
compliance.**

process to evaluating building features annually. Obtaining accurate life safety drawings has been found to be problematic, and organizations should be sure to keep these drawings. Written interim life safety measures (ILSM) name actions that address situations when *Life Safety Code®* deficiencies cannot be immediately corrected or during periods of construction. An ILSM policy should include criteria for evaluating a defi-

ciency and determining which elements in the policy are followed.

Emergency management documentation

The EM chapter no longer requires a management plan, but it does require an Emergency Operations Plan (EOP). The EOP addresses the six functional areas of emergency management (communications, resources and assets, safety and security, staff, utilities, and patients) as well as disaster volunteers. A written hazard vulnerability analysis (HVA) must be completed, and an annual review must be performed. The inventory associated with emergency management must be reviewed annually as well, and the findings must be documented. An organization must conduct at least two emergency exercises per year, with observers, critiques, and an assessment. Based on the exercises, enhancements and adjustments can be made to the EOP.

Documentation minimizes risk

A lack of documentation displays a possible at-risk environment as crucial tests and related activities cannot be confirmed. A wise old saying asserts, “Not documented, not done.” Without the evidence that documentation provides, there is no way to verify compliance. 